



# CITY OF NEWBURYPORT HEALTH DEPARTMENT

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## APPLICATION FOR PERMIT TO OPERATE A CANTEEN TRUCK, ICE CREAM TRUCK, PUSH CART OR TRAILER

**PERMIT FEE: \$100**

NEW PERMIT       PERMIT RENEWAL

Name of Establishment / Business: \_\_\_\_\_

Mailing Address of Establishment: \_\_\_\_\_

Establishment Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Legal Owner (please print): \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Base of Operations \_\_\_\_\_  
(Base of Operations) (Street, City, State, Zip)

Locations In City (Street # & Name, Section of City)

Days and Times

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Handwashing Facilities on Mobile Unit       YES       NO

Water Source \_\_\_\_\_

Toilet Facilities are Located At \_\_\_\_\_

Source of Food Products to be Sold \_\_\_\_\_

Mechanical Refrigeration       YES       NO

*\*This application does not apply to Mobile Food Kitchens.*

Hot Food Items (be specific)

Cold Food Items (be Specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will hot foods be held at 140 degrees or above? \_\_\_\_\_

How will cold foods be held at 41 degrees or lower? \_\_\_\_\_

How are surfaces cleaned and sanitized? \_\_\_\_\_

If You Sell Frozen Dessert, Yogurt, Soft Serve Ice Cream, Please Complete the Following:

Name and Location of Company From Where Mix is Purchased \_\_\_\_\_

Is the Mix Pasteurized?  YES  NO Number of Refrigerators / Freezers \_\_\_\_\_

Are You Aware of the Regulations Regarding Submission of Monthly Lab Reports?  YES  NO

Make & Year of Vehicle \_\_\_\_\_ State of Registration \_\_\_\_\_ Registration # \_\_\_\_\_

**Please provide the following information:**

Solid Waste – Name & Location of Disposal Site \_\_\_\_\_

Fats, Oils and Grease– Name & Location of Disposal Site \_\_\_\_\_  
(Includes cooking & fry-o-lator grease and cleaning of grease trap)

Gray Water – Name & Location of Disposal Site \_\_\_\_\_

Pest Control Management \_\_\_\_\_

**Copies of the following documents are REQUIRED and must be included with your application**

- Current Food Protection Manager Certification
- Current Allergen Training Certification
- Massachusetts Hawkers and Peddlers License
- Verification Letter, copy of last inspection report and copy of food permit from the licensed food establishment serving as your base of operations
- HACCP Plan (if applicable)

**Other Department Sign-Offs:**

Building: \_\_\_\_\_ Fire Dept: \_\_\_\_\_ Zoning Dept: \_\_\_\_\_ Plumbing Inspector: \_\_\_\_\_

*I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.00 and all other applicable laws. I have been instructed by the Health Department on how to obtain copies of 105 CMR 590.00 and the Federal Food Code. Pursuant to M.G.L. Ch 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State taxes required under law.*

\_\_\_\_\_

**PRINT NAME OF APPLICANT**

**SIGNATURE OF APPLICANT**

**DATE**